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CONFIRMATION NO. 1263

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/811,953 | FILING DATE 03/19/2001 RULE | CLASS 606 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. MIT-53 CON 5 |
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/111,237 07/07/1998 ABN
which is a CON of 08/727,027 10/08/1996 PAT 5,776,151
which is a CON of 08/234,840 04/28/1994 PAT 5,562,683
which is a CIP of 08/090,651 07/12/1993 PAT 5,562,687

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/30/2001

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|---|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>MM</i> | MO | 44 | 17 | 2 |

ADDRESS

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TITLE

Surgical repair kit and its method of use

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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